Traveler Profile

Traveler Information & Medical Information

Congregation_____ **Companion Congregation**_____

Name as listed on your passport_____
Last First Middle

☐**Male** ☐ **Female** **Phone Number (Day)**_____ **Eve**_____ **Cell**_____

Address_____

City_____ **State**_____ **Zip Code**_____

Occupation_____ **Email****_____

Is this your first time traveling internationally? ___yes ___no. If no, to where have you traveled?_____

**** Please note: By providing a traveler's email address, you are indicating their willingness to frequently check and respond to updates and information.**

PASSPORT INFORMATION:

Passport number _____ **Date of Issue:**_____

Citizenship_____ **Place of Issue**_____

Date of Birth_____ **Passport Expiration Date**_____

City, State, and County of Birth_____

Departure City_____ ☐**Smoker** ☐ **Non Smoker**

Frequent Flyer Airline_____ **Frequent Flyer Number**_____

Travel Insurance Co.***_____**Numbers**_____

***** OR [ ] I have elected not to secure medical evacuation insurance for myself and am aware of all risks & liabilities**

Specific Dietary Requirements_____

Additional Comments_____

Required Medical Information (Please provide full and complete answers.)

1. **Allergies? ___yes ___no If yes, what are the allergies?**

2. Are you currently being treated, or have you been treated, within the past five years, for a physical or serious mental health condition, injury, or disease? State any health conditions which may affect you as a traveler.

    a. List any medications you are on.

3. Do you have any mobility, hearing, visual or physical activity restrictions (due to a disability, obesity, or cardiac condition, etc.) that may require reasonable accommodation to fully participate in the program itinerary? If yes, please explain so that we are aware of your needs and expectations for participation.

4. Please explain any additional information of which the Group Leader or the Northern Great Lakes Synod should be aware

EMERGENCY CONTACT INFORMATION

Emergency Contact Person_____ **Relationship**_____

Phone (Day)_____ **Evening**_____ **Cell**_____

Email _____

Emergency Contact Person_____ **Relationship**_____

Phone (Day)_____ **Evening**_____ **Cell**_____

Email _____

Signature_____ **Date**_____